

EXHIBIT D

**STATE OF NEBRASKA EMERGENCY RESPONSE COMMISSION
REQUEST FOR REIMBURSEMENT HMEP PLANNING GRANT**

Tax Identification Number

Date Covered By Request

Name of LEPC

Other Expenditures

Recipient Organization
(Name and Address where check is to be sent)

Name

Address

Amount of Expenditures Eligible for HMEP Funding:
Copy of invoice from vendor and copy of check
that shows payment. MUST accompany this request.

\$

Signature of Authorized Certifying Official

Date Request Submitted

Type or Print Name and Title

Phone